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County: Jefferson COUNTRYSIDE HOME - FDD 1425 WISCONSIN DRIVE

JEFFERSON Phone: (920) 674-3170 Ownership: 53549 County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 32 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 32 Average Daily Census: 31 Number of Residents on 12/31/00: 31

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/00)	Length of Stay (12/31/00)	%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	6. 5	
Supp. Home Care-Personal Care	No					1 - 4 Years	12. 9	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	58. 1	More Than 4 Years	80.6	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	32. 3	Ì		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	3. 2		100. 0	
Adult Day Care	No Alcohol & Other Drug Abuse		0.0	85 - 94	6. 5	***********	******	
Adult Day Health Care No		Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	t	
Congregate Meals No		Cancer	0. 0			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	41. 9			
Transportation	No	Cerebrovascul ar	0.0			RNs	0.0	
Referral Service	No	Diabetes	0.0	Sex %		LPNs	11.6	
Other Services	No	Respi ratory	0.0			Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	0.0	Male	51.6	Aides & Orderlies	58. 2	
Mentally Ill	No	İ		Female	48. 4	İ		
Provide Day Programming for		İ	100.0			İ		
Developmentally Disabled	Yes	I			100. 0	I		
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Method of Reimbursement

		Medi c	are	N	1edic	ai d											
		(Title	18)	T)	itle	19)		0th	er	P	ri vate 🛚	Pay	1	Manage	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m]	Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
	-			-			-			_			_				
Skilled Care	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0.0%
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				30 10	0.0	\$141.53	0	0.0	\$0.00	1	100.0	\$214.00	0	0.0	\$0.00	31	100.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Total	0	0. 0		30 10	0.0		0	0.0		1	100.0		0	0.0		31	100.0%

COUNTRYSIDE HOME - FDD

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, a	nd Activities as of 1	2/31/00
Deaths During Reporting Period					0/ N J:		m-4-1
		<u> </u>			% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		54. 8	45. 2	31
Other Nursing Homes	0.0	Dressi ng	29. 0		32. 3	38. 7	31
Acute Care Hospitals	33. 3	Transferri ng	41. 9		29. 0	29. 0	31
Psych. HospMR/DD Facilities	0.0	Toilet Use	32. 3		41. 9	25. 8	31
Rehabilitation Hospitals	0.0	Eating	61. 3		16. 1	22. 6	31
Other Locations	66. 7	**************	**********	******	***********	*******	*******
Total Number of Admissions	3	Conti nence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Exteri	nal Catheter	3. 2	Receiving Resp	pi ratory Care	6. 5
Private Home/No Home Health	0.0	0cc/Freq. Incontine	nt of Bladder	67. 7	Receiving Trac	cheostomy Care	0. 0
Private Home/With Home Health	0.0	0cc/Freq. Incontine	nt of Bowel	67. 7	Receiving Suct	ti oni ng	0. 0
Other Nursing Homes	0.0				Receiving Osto	omy Care	0. 0
Acute Care Hospitals	50. 0	Mobility			Recei vi ng Tube	e Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mecl	hanically Altered Die	ts 64.5
Rehabilitation Hospitals	0.0	ĺ			_	·	
Other Locations	50. 0	Skin Care			Other Resident (Characteri sti cs	
Deaths	0.0	With Pressure Sores		0.0	Have Advance I	Di recti ves	100. 0
Total Number of Discharges		With Rashes		3. 2	Medi cati ons		
(Including Deaths)	2	İ			Receiving Psyc	choactive Drugs	0. 0

	Thi s]	FDD		A11	
	Facility	Fac	cilities	Facilties		
	%	%	Rati o	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	96. 9	85. 5	1. 13	84. 5	1. 15	
Current Residents from In-County	83. 9	42. 1	1. 99	77. 5	1. 08	
Admissions from In-County, Still Residing	0.0	19. 5	0.00	21. 5	0.00	
Admissions/Average Daily Census	9. 7	16. 4	0. 59	124. 3	0. 08	
Discharges/Average Daily Census	6. 5	19. 2	0. 34	126. 1	0. 05	
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0.00	49. 9	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0.00	83. 3	0.00	
Residents Aged 65 and Older	41. 9	16. 2	2. 58	87. 7	0. 48	
Title 19 (Medicaid) Funded Residents	96. 8	99. 5	0. 97	69. 0	1. 40	
Private Pay Funded Residents	3. 2	0. 5	6. 39	22. 6	0. 14	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0. 00	
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00	
Impaired ADL (Mean)*	51.0	50. 8	1. 00	49. 4	1. 03	
Psychological Problems	0. 0	45. 9	0. 00	50. 1	0.00	
Nursing Care Required (Mean)*	9. 3	11. 0	0. 84	7. 2	1. 30	